

Application for Capital Advance Summary Information

For HUD Use Only	HUD Project Number:	PRAC Number:

1. Name(s), Address(es), Contact Person, & Telephone Number(s) of Sponsor(s):	2. Minority Sponsor Designation: A minority sponsor is one in which at least 51 percent of the board members are minority. Is this sponsor a minority applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," identify by numeric code as shown below: <input type="text"/> Codes: 2 - Black; 3 - Native American; 4 - Hispanic; 5 - Asian Pacific; 6 - Asian Indian
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3a. Location of Site: (city & State)	3b. Will project be located within the boundaries of the following Place Based Community Revitalization Areas: (1) Empowerment Zone, (2) Urban Supplemental Empowerment Zone, (3) Enterprise Community, or (4) Urban Enhanced Enterprise Community? (Contact local HUD Office for information on these designated areas.) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please indicate appropriate number as shown above: <input type="text"/>
4. Congressional District:	5. Capital Advance Amount Requested: \$

6. Project Rental Assistance Contract Amount Requested: \$	7. Application Contains: <input type="checkbox"/> Evidence of Site Control <input type="checkbox"/> Identification of Site	9a. Occupancy Type: <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Chronically Mentally Ill	9b. Restricted Occupancy Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," identify subcategory _____
8. Type of Construction: <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition			

10. Facility Type & Number of Units/Residents Proposed

a. **Group Homes:**

Site	No. of Disabled Residents	Resident Mgr. Unit (Y/N)	Address
#1			
#2			
#3			
#4			

b. **Independent Living Facilities:**

Site	Units by No. of Bedrooms				Total Disabled		Resident Mgr. Unit (Y/N)	Total Units	Address
	0	1	2	3	Units	Residents			
#1									
#2									
#3									
#4									

c. **Condominiums:**

Site	Units by No. of Bedrooms				Total Disabled		Resident Mgr. Unit (Y/N)	Total Units	Address
	0	1	2	3	Units	Residents			
#1									
#2									
#3									
#4									

Note: If an elevator structure in b or c above, indicate by placing an "E" next to the total number of units for each applicable site.

Note: If project will be a group home(s), include the number of disabled residents in both the "Total Units" and the "Total Disabled Residents" categories. If project will be an independent living facility(s), include Resident Manager unit, if applicable, in the "Total Units" category.

Totals:

	Units
	Disabled Residents
	Sites

11. Check utilities and services not included in the rent and to be paid directly by the tenant:

- ☐ Electric
☐ Water
☐ Heat
☐ Gas

12. Unusual Site Features:

- ☐ None
☐ Cuts
☐ Fill
☐ Erosion
☐ Other (specify) _____
- ☐ Poor Drainage
☐ Retaining Walls
☐ Rock Foundations
☐ High Water Table

13. Off-Site Facilities:

	Public	At Site	Ft. from Site
Water	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Paving	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electric	<input type="checkbox"/>	<input type="checkbox"/>	_____

14. Community Facilities to be Included in Project: (identified by site no. indicated in 10 above):

15. Name, Address & Telephone Number of: (mark one box)

- ☐ Consultant
☐ Agent
☐ Authorized Representative

16. Sponsor's Attorney: (name, address & telephone number)

By: (signature of sponsor's authorized representative)

X

Type in Name & Title:

This collection of information is in support of HUD's efforts to expand the supply of Supportive Housing for Persons with Disabilities under Section 811.

The information is necessary to assist HUD to determine applicant eligibility and ability to develop housing for disabled with statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste or mismanagement of public funds.

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2502-0462), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600.

This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This application does not collect any sensitive information. HUD does not ensure confidentiality.

Do not send this form to the above address.